


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 038 ***150.00

DOCUMENT # P07000087199

1. Entity Name
MARKET DIRECT GROUP INC



Principal Place of Business Mailing Address
3030 N. ROCKY POINT DR. WEST SUITE 730 **3030 N. ROCKY POINT DR. WEST SUITE 730**
TAMPA, FL 33607 **TAMPA, FL 33607**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03122008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0634067 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HARPER, WILLIAM
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST SUITE 730
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	BEHAN, CHRIS
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST SUITE 730
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	FORD, ROBERT
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST SUITE 730
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	BEHAN, STACY
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST SUITE 730
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Robert Ford* 4/3/08 8137828300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #